## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-015164

DEP	LR TM	ENT	' O F	PUB		HEALTH AND WE	, ,			30	9	5161	STATE FILE	NUMBER	
DO NOT WRITE ON THIS STUB	TE AMENDED				Registration District No. Primary Registration District No. 25 1963							5/6/	· 		
· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1					1. PLACE OF DEATH						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before			
VS 300		1 1	- 1		Callaway						a. STATE Missouri  b. COUNTY St. Louis City  edmission)				
Rev. 4/59	AMENDED					P. CITY (If of BELLEGI	WELLIT IT TWO DOWNS	HIP only	/) Lengti	h of stay in 1b	OR			Inside Limits	
	3				_	TOWNS4 Hiwa	yNear Hiller	sCre	ek	nil	TOWN Sa.	int Louis		Yes. X No □	
0140			- }	1 1		HOSPITAL OR	NOT in hospital, give locat	•	. \	Inside Limits	d. STREET ADDRESS	•	ide, give location)	Resids on Ferm	
22069	DATE			╛	_	INSTITUTION HIW	ay 54 Near H	llle	r'sCree	¥••□ No <b>ZO</b> X	5	755 Easton	<u> </u>	Yes No.	
3					3	(Type or print)	First		Middle		Last	4. DATE OF	Month Day	_	
4 2							Joesph	<b></b>	Warren	Casor		DEATH Marc	<u>h 30th,196</u>		
. 4 .2				1	5	: SEX	6. COLOR OR RACE		arried <b>y⊡r N</b> a dowed: □	ver Married	8 DATE OF BIRTH	9. ÄGE (last birth	Months Day	AR IF UNDER 24 HR	
5 <b>/</b>						le l	Negro				Feb. 24/31	<u>  32</u>		<u> </u>	
6	ر ا				10	a. USUAL OCCUPATION ( during most of working	(Give kind of work done a life, even if retired)	IQB. KI	ND OF BOSINE	SS OR INDUSTRY	TI. BIRTHPLACE (	City and state or cou	nfry)   12. CITIZEN (	OF WHAT COUNTRY	
-	<u></u> ≹					ir Stylist		Hai	r Dressi	ng	<u>  St. Iouis</u>	•	U.S		
7 0	50LC)					. FATHER'S NAME			13b. MOTHER	S MAIDEN NAM	E		OPECHODOS W	•	
	요					rank Cason			Mary	Ray	17. INFORMANT	Mrs.Be	tty Maple C	ason	
<u> </u>	& S			i I			IN U.S. ARMED FORCES? yes, give war or dates of a		ID. SEK IMI						
9 Y	쀭					Yes	Korean		/-\ /b\ /-\		Mrs. Betty	Maple Caso	n,St.Loius,	MISSOUPI INTERVAL BETWEEN	
10	₹			ΙŻ		PART I.	(Enter only one cause per DEATH WAS CAUSED BY:	line tor	(a), (b), and (c)	•			1	ONSET AND DEATH	
	윉			Ž			IMMEDIATE CAUSE (a)		Auto Ac	cident				<del>.</del>	
11014	$\sim$ 1 $\sim$			ĺй							•		1		
12671 - 3	REC			ă			ns, if any, DUE TO (b	)						<del></del>	
	NST INST					abova c	ause (s), }				•				
132-0	<u> </u>	╁╌	-	-	ļ	lying ca	he under- iuse last.   DUE TO (d								
	N N				CERTIFICATION	PART II.	OTHER SIGNIFICANT Co	ONDITIO	ONS CONTRIBL	ITING TO DEAT	Hi but not related to	the terminal	PART III. If deceased there a prec	d was female was pnancy in last 90 days.	
	13				3								Yes [	□ No □ Unknown	
					E.	19. WAS AUTOPSY	20a. ACCIDENT SUICIDI			b. DESCRIBE HO	W INJURY OCCURRED	(Enter nature of in	ury in PART I or PART	I II of item 18.)	
	AMENDMENT				3	19. WAS AUTOPSY PERFORMED2 YES NO-19	<b>-13X</b> 🗆		<b>-</b>			_			
Z	9				3	20c. TIME OF Hour			· · · · · ·				****	-	
INK RIBBON	₹∥					7:50 p.m.	March 30/63						·		
IBB INK				-	~	20d. INJURY OCCURRE WHILE AT WORK	D 20e. PLACE	OF INJU	JRY (e.g., in or treat, office bl	about home, it	20f. CITY, TOWN, OR	LOCATION	COUNTY	STATE	
<b>-</b>						NOT WHILE AT W	√ÖRK 250 On hilwa	1 v 5/	Near H	ller's	reek Bridg	curve.S.	Callaway Co	unty, Mo.	
BLACK OR RITER R	READ			•		21. I attended the dec	1114	<del></del>		to	and	l last saw her alive	on		
BE BE					.					m on th			y knowledge, from th	e causes stated.	
				l.,	' -	. Death occurred at			(ALA)	<del></del>	22b. ADDRESS			22c. DATE SIGNED	
USE BLAC OR PPEWRITER	SHOULD	1		Õ		Signature Con	uson.	ree or f			_			1April8	
F	- 100		-	- 5	_1	W-A-Dawson-S	Sheriff-Acting	ဒ-ငိတ္ဆ	C NAME OF CE	METERY OR CRE	Court Hous	e-Callaway 3d. LOCATION (CI	, fown, or county)	(State)	
		1	$\sqcap$	٦ <u>٨</u>		a. BURIAL, CREMATION, REMOVAL (Specify)	- I					offormer E	arracks Mis	ssouri	
				AFFIDA\		emoval	1 April 63	RESS	vationa.	L Cemeter	TE RECD. BY LOCAL R		AR'S SIGNATURE		
	EA			<b>∀</b>	24	FURRAL DIRECTOR	14	<u>~</u>	1		18-196		a Com	and	
	=	1		40		They cel	( Kreen !	Jus	ein si	75-1 00	160		y surge		

8961 7 6 Hely

Burner of the first first of the contract of t

STATEMENT. BY LICENSED EMBALMER

57 3.1

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

15

2

\$

2 - 1.2 E.1 - 2